

Partnerships for Success: Implementing the Strategic Prevention Framework in High Need Communities

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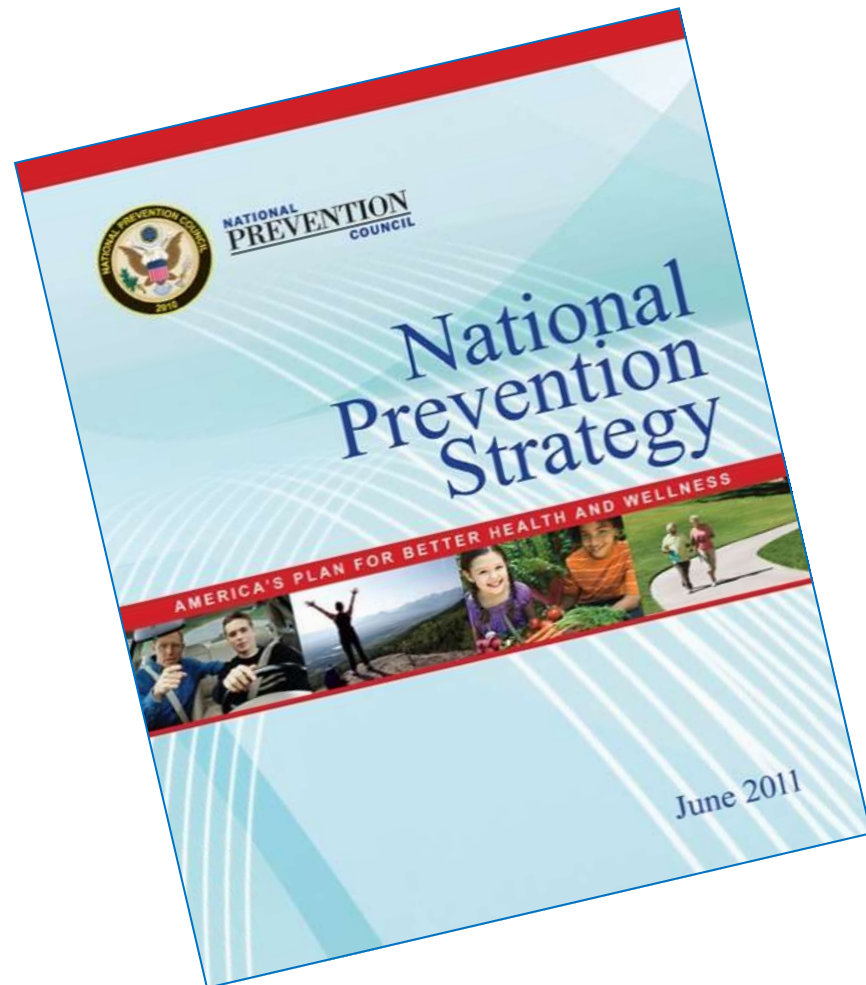


Overview of Today's Session

- Background History
- Design
 - CPWI - Strategic Prevention Framework
 - High-need community selection
- PFS Enhancement
- Support We Provide
- Early Results
- Local Success Stories

A LITTLE BIT OF BACKGROUND

Design is Informed by the National Prevention Strategy



Substance Abuse Prevention & Mental Health Promotion

Behavioral Health and Service Integration Administration: To transform lives by supporting sustainable recovery, independence and wellness.

Prevention and Promotion Section Mission: To create a culture throughout Washington State that promotes prevention, wellness, and behavioral health.

We accomplish this mission by acting on our **core values**:

- We listen and respond to the distinctive needs and perspectives of the people we serve;
- We foster positive partnerships with communities, tribes, organizations, and individuals;
- We focus on prevention science, creative solutions, and demonstrated results; and
- We set standards of hard work and first-rate quality for everything we do.

State Prevention & Mental Health Promotion Planning

- Five-year Substance Abuse and Mental Health Promotion Strategic Plan.
 - Prevention Consortium is made up of 25 state agency partners.
 - Five (5) problem behaviors prioritized and action teams formed to create and carry out annual Action Plans.
 - The Action Teams report accomplishments monthly to the Prevention Policy Consortium.
 - Action Teams have DBHR staff assigned to help facilitate workgroup function.
 - Capitalizes on the unique role of state-level consortium to contribute to state-wide impact
- Other Planning functions
- DBHR coordinates annual Government to Government Planning meetings (7.01) with Federally Recognized Tribes in Washington

From SPF-SIG to CPWI

- Enhancing the focus, goals, and requirements using lessons learned from the Strategic Prevention Framework State Incentive Grant (SPF-SIG)
- Community Prevention & Wellness Initiative (CPWI):
 - State-wide system change
 - Community-driven approach using Adapted Strategic Prevention Framework planning process
 - Evidence-based substance abuse and mental health promotion programming within funding constraints.

CPWI- Brief Overview

- Prevention delivery system redesign began in July 2011 and currently is made up of 52 communities.
- Purpose:
 - To better target and leverage funding through active partnerships
 - To provide long-term support for positive community change
 - To measure impacts and build the case for greater investments in prevention

CPWI – Brief Overview

- Our Goal: Reduce substance use among middle and high school aged youth.
 - By reducing underage drinking, we also expect to reduce youth crime, mental health problems, and improve school performance.
- Partnership effort among
 - DBHR;
 - County Human Services;
 - The Office of the Superintendent of Public Instruction (OSPI);
 - Educational Service Districts (ESDs); and
 - Local school districts

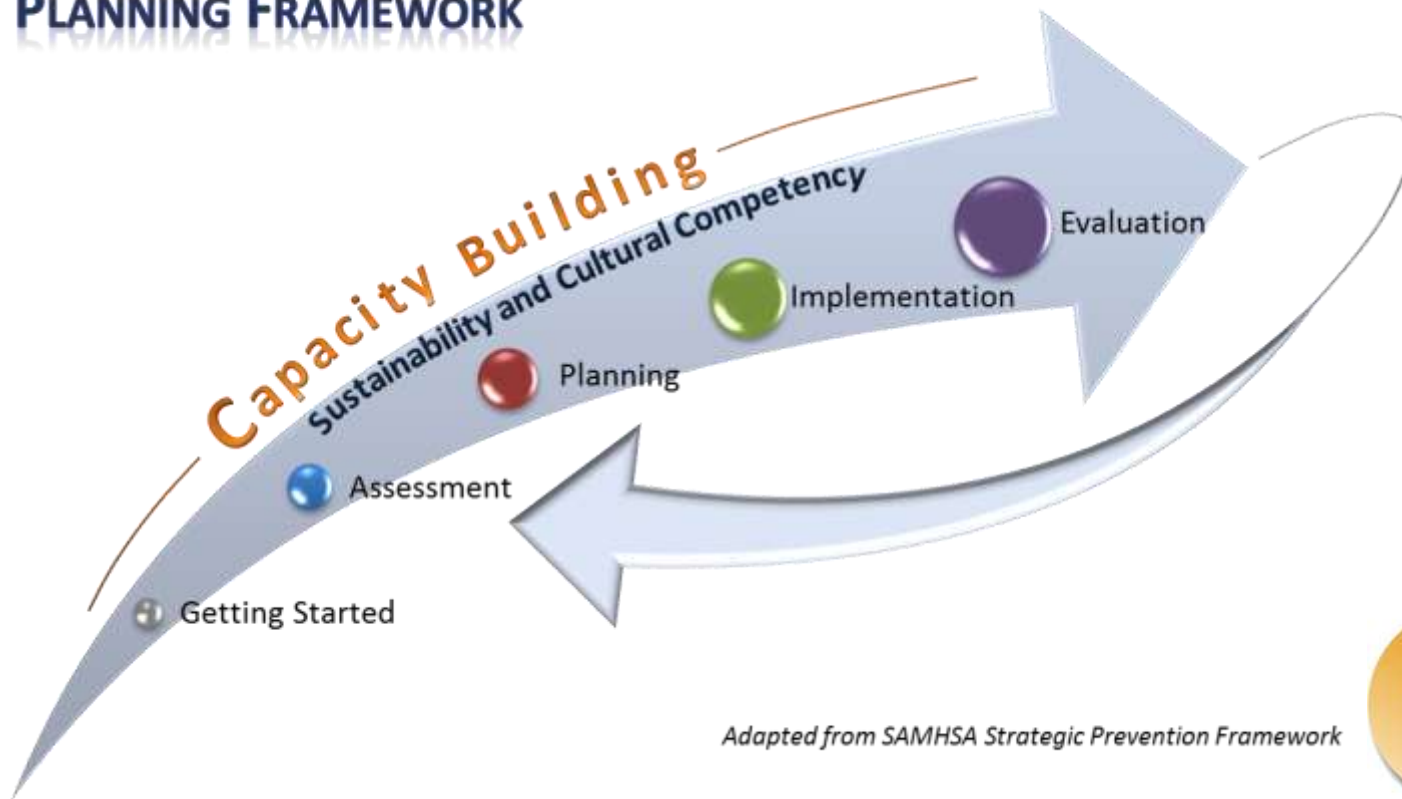
THE COMMUNITY PREVENTION & WELLNESS INITIATIVE (CPWI) DESIGN

The CPWI Design

- Coalitions review data, make decisions, plan prevention services, and evaluate their efforts
- Coalitions provide programs and strategies
- Strong presence of prevention-intervention specialist in each community

Model for Successful Community Prevention

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



Adapted from SAMHSA Strategic Prevention Framework



From County-wide Services to High-need Communities

- Community risk ranking identified by DBHR using a risk profile score for each school district in the county.
- Risk profiles were created using youth alcohol use data and levels of community problems that can increase youth risk for substance use and abuse.

INDICATORS

- Alcohol use (current)
- Marijuana use (future)
- All ATOD use (future)

FACTORS

School Performance

Youth Delinquency

Mental Health

Population

Economic Deprivation

Troubled Families

CATEGORY COMPOSITE

Consumption Ranking

Consequence Ranking

Overall Risk Ranking

Overall Composite

- Contextual Variables

- Population (ages 0-17)

- TANF child recipients
- Food Stamps recipients

- Victims in CPS referrals

Community Selection Process

- County and ESD partners assess highest risk communities
 - Communities and schools must show a level of readiness to benefit
 - Schools are committed to support communities
 - County creates an overall community profile

Defining Communities

- Communities must be described in geographic terms or at-risk populations
- Have baseline data about substance abuse risk, and ability to measure community-wide change in risk and protective factors and prevalence
- Be small enough to make an impact with existing funding and measure change

Minimum criteria to participate

- Demonstrate community support to start a new or support an existing community coalition
- Participate in the Healthy Youth Survey (HYS)
- Have a half-time community coordinator
- Have a full-time prevention/intervention specialist

Tools for Community Selection

DBHR provided:

- County Risk Profiles ranked at school district-level for each county.
- Composite Risk Score Maps
 - Multiple School District level maps with various indicators on each
 - Zip Code Maps

The following slides show some examples of what we provided....

County Community Risk Profile (February 2013): Grays Harbor County

Highest Risk Score		Risk Ranking		Risk Category Rank*		Contextual Indicators	
District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Hoquiam S.D.	2514	93	26	High	Very High	Very High	Very High
Taholah S.D.	308	88	16	Average	Very High	Average	Very Low
Aberdeen S.D.	4,907	86	26	Average	Very High	Very High	High
Elma S.D.	2,202	83	26	Average	Very High	High	High
Quinault S.D.	263	79	8	No Data	High	Average	Low

Other School Districts

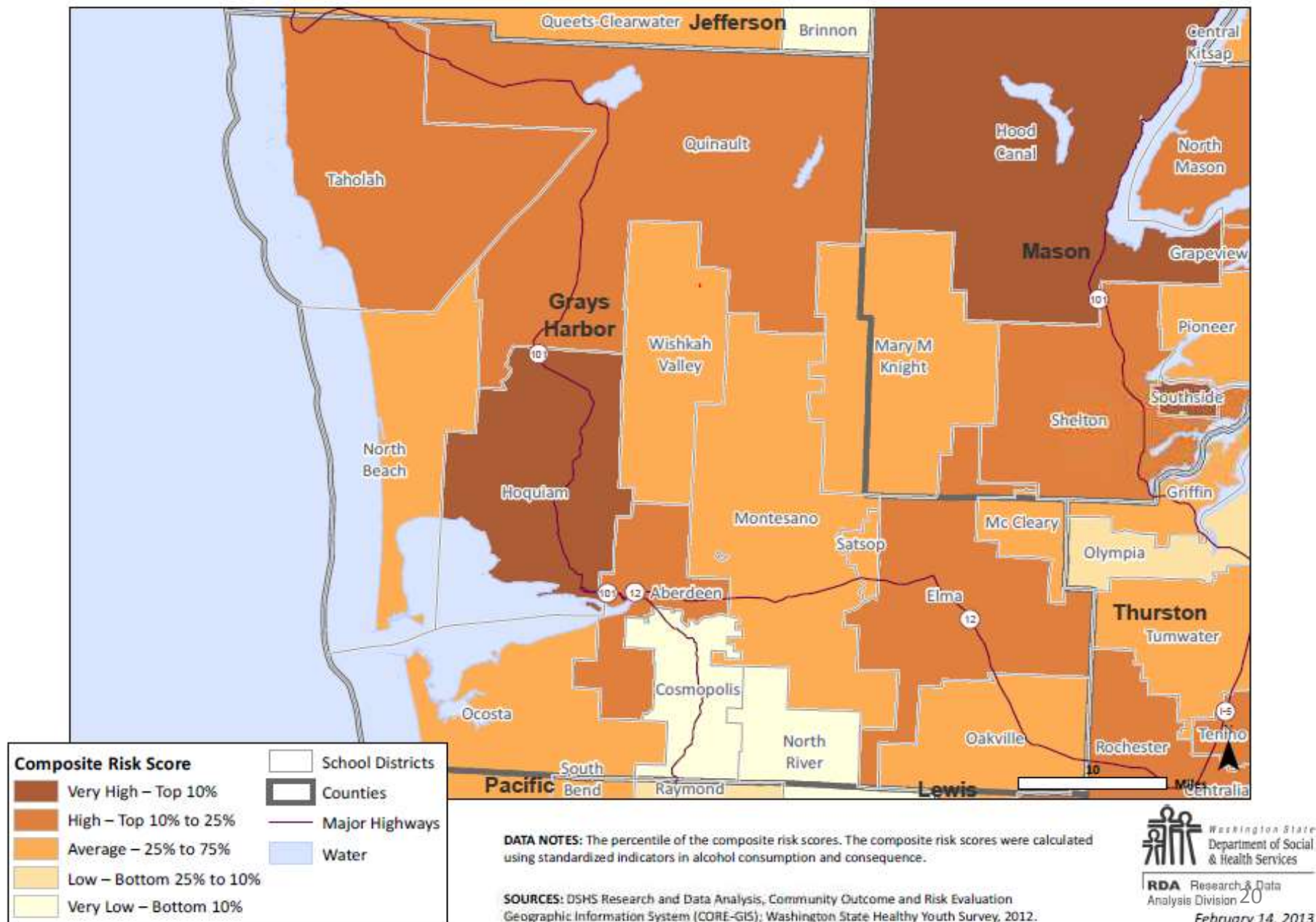
District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Wishkah Valley S.D.	173	63	8	No Data	Average	Low	Very High
Oakville S.D.	546	56	8	No Data	Average	High	Average
Montesano S.D.	1,738	50	26	Average	Average	Average	Average
North Beach S.D.	1,003	45	26	Average	Average	Average	Average
Ocosta S.D.	947	38	26	Low	Average	High	Average
	-	-	-				
	-	-	-				
	-	-	-				
	-	-	-				
	-	-	-				
	-	-	-				

NOTE:

This risk profile reflects the risk levels of this county as of February 2013. School districts with no high schools are not included in this summary. Please note risk levels and risk rankings may change over time.

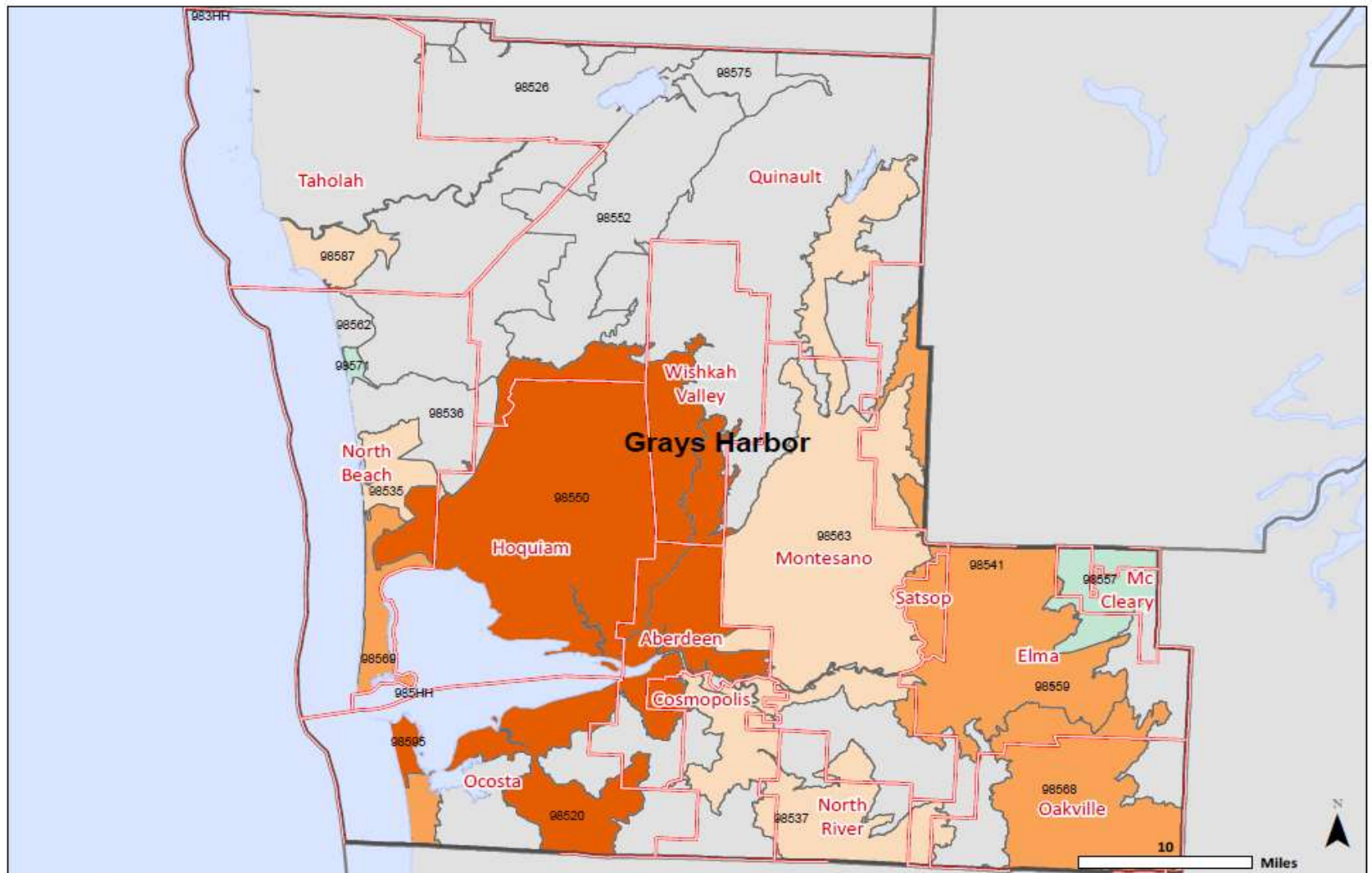
Composite Risk Score

by School District, Grays Harbor County, 2012



Composite Risk Score

by Zip Code Tabulation Area (ZCTA), Grays Harbor County, 2009



Rate compared to the State

- VERY HIGH
- high
- average
- low or very low

- School Districts
- Counties
- Water
- Not applicable

DATA NOTES: Composite Risk Score is an average of risk scores for the following three domains: Poor Mental Health, Economic Deprivation, and Troubled Families. The domain risk scores were calculated using standardized indicators in each domain. Composite Risk Score for each ZCTA is mapped based on the standard deviations from the mean score. ZCTAs are generalized area representations of ZIP Code service routes developed by the Census Bureau for tabulating summary data from Census 2000.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). County, School District, and ZCTA boundaries from US Census Bureau 2009 TIGER files.

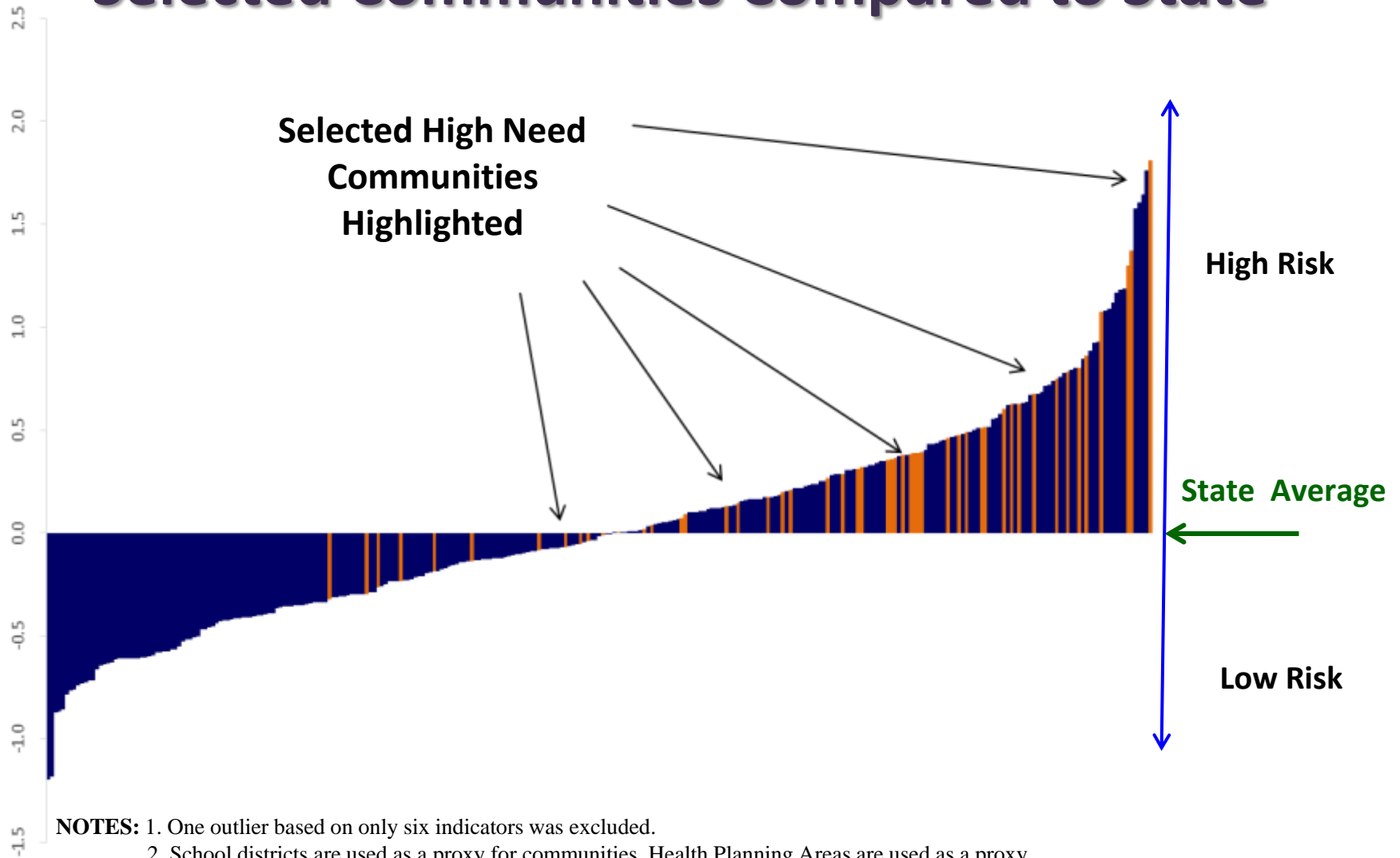
Community Selection Summary

- 50 of the 52 Counties have a top 5 highest risk community participating in CPWI.
- Characteristics of communities:
 - Over 450,000 individuals
 - 16 Cites/suburban areas
 - 15 towns
 - 21 rural areas

52 CPWI Communities... and Growing



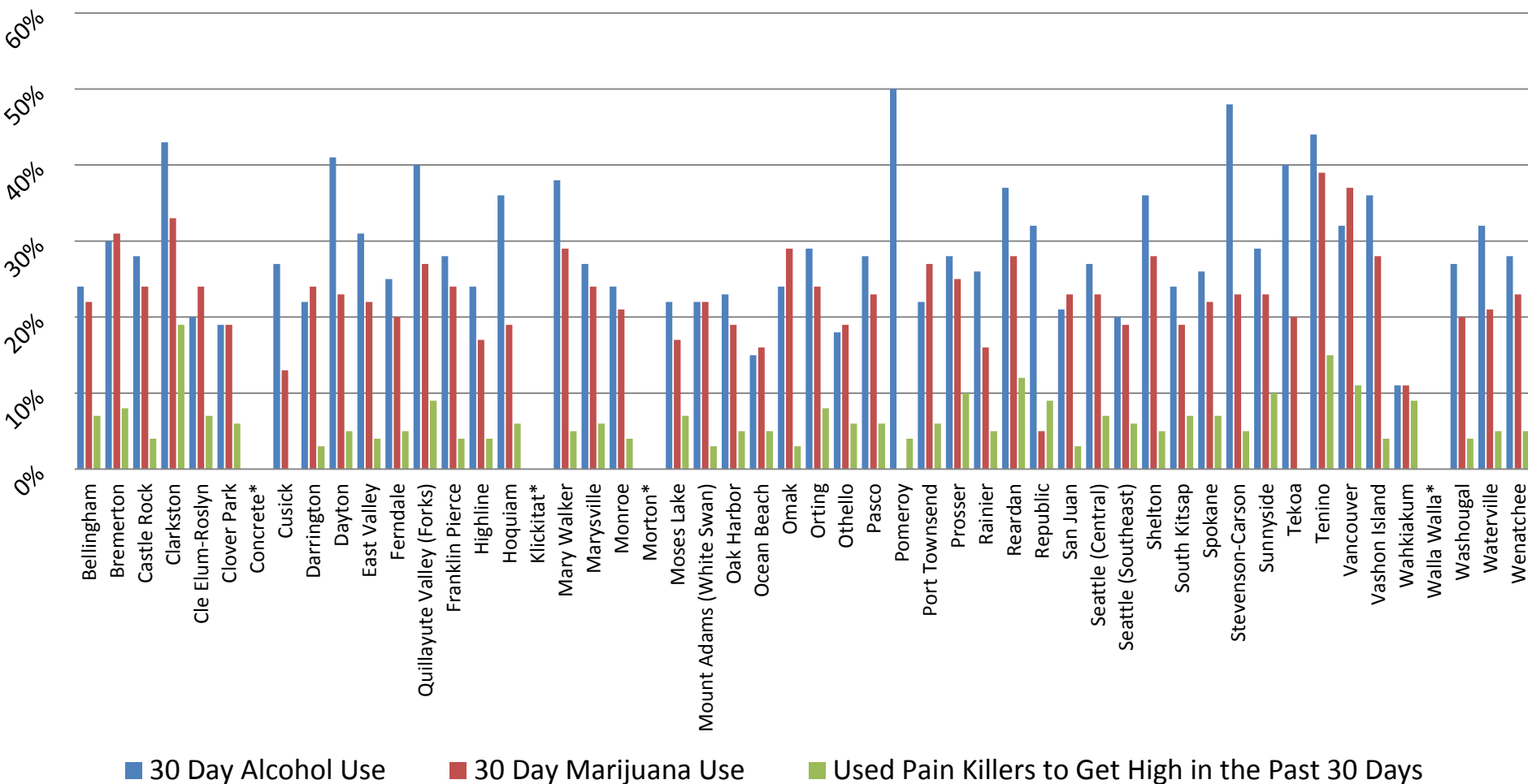
Composite Consequence and Risk Scores Selected Communities Compared to State



NOTES: 1. One outlier based on only six indicators was excluded.

2. School districts are used as a proxy for communities. Health Planning Areas are used as a proxy for CPWI sites in Seattle School District. Risk scores are not available for other urban CPWI sites that only cover a specific geographic area within a large school district. The risk scores for the entire school districts are used in for these area.

Prevalence of Substance Use Among 10th Grade Students in Sites

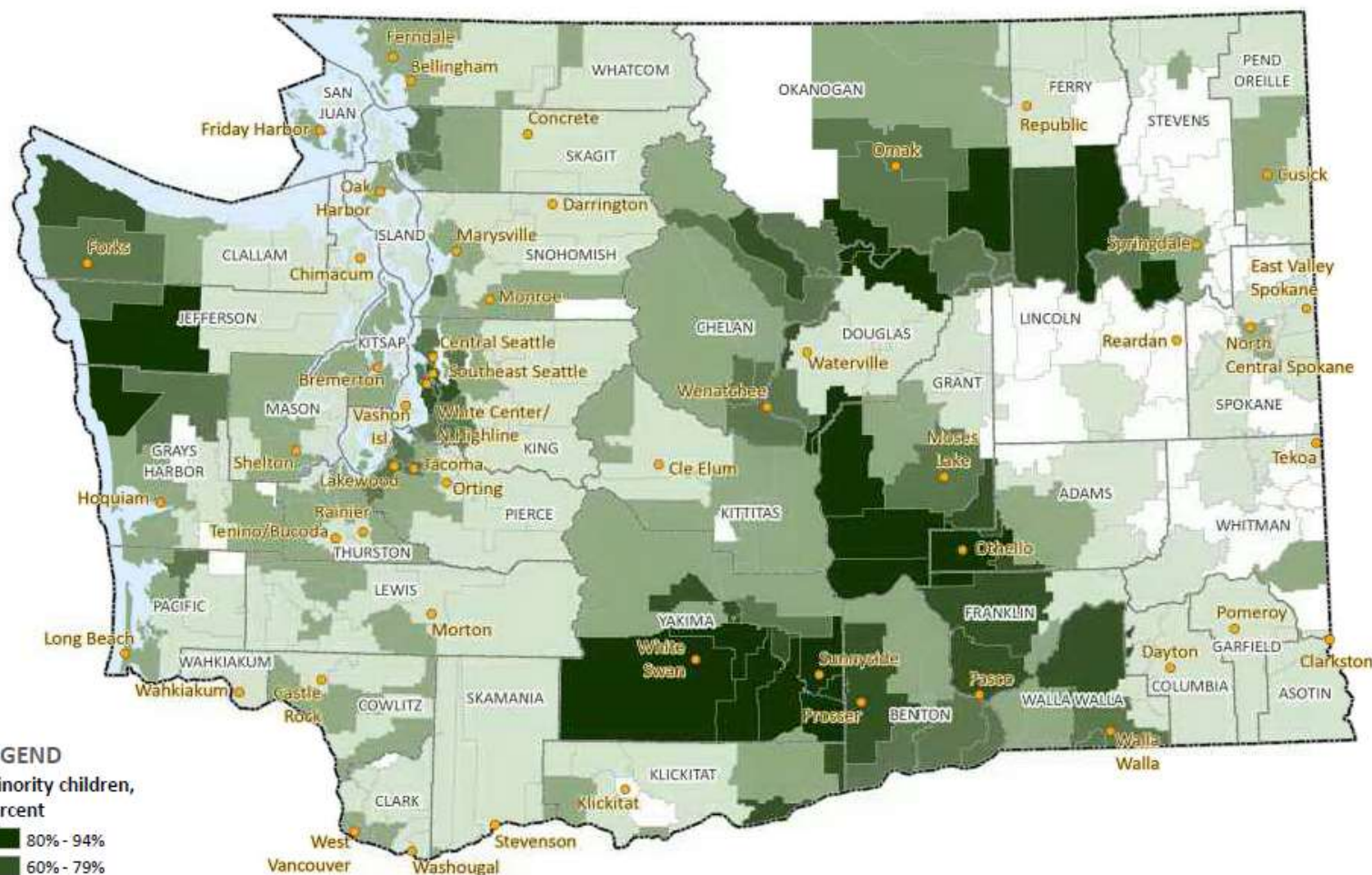


Notes: * Data suppressed because fewer than 15 surveys were returned or response rate was lower than 40%.

DATA SOURCE: Washington State Healthy Youth Survey, 2012

Racial or Ethnic Minority Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011



LEGEND

Minority children,
percent

- 80% - 94%
- 60% - 79%
- 40% - 59%
- 20% - 39%
- 10% - 19%
- 0% - 9%

- Community Prevention and
Wellness Initiative Communities
- COUNTIES

NOTES: Persons ages 0 to 17 whose race or ethnicity is other than non-Hispanic White as a percentage of all persons ages 0 to 17 years. The rate for the state is 35 percent.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

CONTACT: Irina Sharkova, DSHS/RDA/PRES, irina.sharkova@dshs.wa.gov, 360-902-0743.



Long-Term Outcome: Consequences

Behavioral Health Problems (Consumption)

Intervening Variables (Risk/Protective Factors)

Local Conditions and Contributing Factors

Strategies & Local Implementation

Evaluation Plan

These problems...

School performance
30 Coalitions

Youth Delinquency
33 - All Coalitions

Mental Health
26 Coalitions

Suicide
2 Coalitions

Other (Injury, Illness and Death)
5 coalitions

These types of problems...

Any Underage Drinking
33 Coalitions (All)

Underage Problem and Heavy Drinking
28 Coalitions

Marijuana Use
11 Coalitions

Tobacco Use
5 Coalitions

Prescription Use
4 Coalitions

Other Drug Use
4 Coalitions

Mental Health Concerns
6 Coalitions

Community Disorganization/Community Connectedness
31 Coalitions (ALL)
Community Bonding, Healthy Beliefs and Clear Standards -8

Alcohol Availability:
Social Access 20 Coalitions
Retail 7 Coalitions
Promotion of Alcohol -6
Alcohol Laws:
Enforcement; Penalties; Regulations -10
Community Laws and norms are favorable toward drug use -21

Family Domain -38
Poor Family Management
27 Coalitions
Parental Favorable Attitudes / Drug Use -4

School Domain-14
Low Commitment to School -7
Academic Failure
Beginning Late Elementary School -2
Individual Domain-77
Favorable Attitudes -26
Low
Perception of Harm -10
Early Initiation of Use -14
Friends Who Engage in the Problem Behavior -11

Community lacks formal structure for focus on ATOD prevention-9
Limited opportunities for prosocial activities in the community-7

Youth obtain alcohol from adult family members & parents & they get alcohol from home or on special occasions -9

Alcohol & other drugs are prevalent at community events & home
Substances are easily accessible at home -4

Underage drinking laws inconsistently enforced -11
Youth don't believe they'll get caught by law enforcement -3
Lack of law enforcement presence -2

Low Commitment to School
10th grade reports show high % of youth skipping school -2

Youth & adults do not believe that drinking is harmful dangerous / risky-12
Community doesn't view drinking as wrong or believe drinking is "normal"

Need more opportunities in school & family to be involved and rewarded -3

Family Management
Limited edu. for families-9
Lack of effective communication -6
Lack clear & consistent rules -4

Community engagement/Coalition development:
All Coalitions

Public Awareness: 30
Social Norms Campaign -10
Let's Draw the Line -9
Information Dissemination-31
ATOD Laws/Dangers -4
Town Hall Meetings - All
Media Web, Print, Newsletters, Calendars, Resource Guides - 15 or All

Enviro. Strategies: 121
Retailer Education -8
Media Education -3
Policy/Comm. Norms -47
Enforcement Roundtable -15
Let's Draw the Line -8
Increase Visibility of Enforcement -9
Compliance Checks -3
Social Host Ordinance -9

School-based P/I Services:
Project SUCCESS
All Coalitions

Direct Services - 118
Strengthening Families -17
Parenting Wisely -9
Guiding Good Choices -6
Parenting Education Classes -8
Love and Logic -2
Life Skills Training -12
Big Brothers/Big Sisters -7
Second Step -7
Project Alert -4
Incredible Years -4
Project Northland -3
Teacher Training -2
Prosocial Activities -18

...and we will use these tools to measure our impact...

Community engagement/Coalition development:
Annual Coalition Survey
Sustainability
Documentation
State Wide Reporting

Public Awareness:
Process measures
Community Survey
of Impressions

Environmental Strategies:
Process measures Annual
Community Survey
Biennium HYS

Prevention/Intervention Services:
pre/post

Direct Services:
Assigned Program
pre/post and process measures; HYS

State-wide Logic Model Commonalities

PFS ENHANCEMENTS TO WASHINGTON PREVENTION SERVICES

PFS Overview

- CPWI Community support enhancement
- State-wide evaluation
- Training and technical assistance
- State-level collaborations and resource support
- State-wide enhancement projects

Policy Consortium's Role

- Advisory Council for PFS project.
 - Include PFS implementation monitoring in bi-monthly SPE Policy Consortium meetings.
- Annual review and update of actions plans.
 - Tracking trends with new policies and initiatives.
- Review of needs and resources assessment.
 - Supported by SEOW data reports.



PFS Overview

Community-based Components -

- Support of CPWI work - Combined support from Block Grant funds and PFS Grant increased to \$85,000/coalition per year.
- Move CPWI coalitions toward reaching the CPWI benchmarks and enhanced support implementing the Strategic Prevention Framework (SPF).

PFS Evaluation Plan

- **Performance Measures**
 - Ta/Training Received/ Provided
 - Increased number of EBPs
 - Leveraged resources
 - **Process Measures**
 - Strategic Plan adherence
 - Annual Coalition Assessment Tool*
 - Performance requirements
 - Partnerships implementing initiative*
 - Semi annual report and review of demographics – compared to demographics of community
 - Annual Action Plan updates*
 - Annual process review with DBHR System Managers
- *= Communities administer*

PFS Evaluation Plan *continued*

- **Outcome questions Measures**
 - HYS, BRFSS, and CORE GIS
 - Youth Alcohol use, Marijuana and Prescription Drug misuse/abuse
- **Community Level Measures**
 - # of partners engaged
 - # of people reached
 - # of people reached by demographic category
 - # of Evidence-based Practices and Programs
 - # of activities supported by leveraged funding
- **Reducing Behavioral Health Disparities**
 - CPWI coalitions that...
 - Are representative of the community
 - Understand the principles of culturally and linguistically appropriate services
 - Identify subpopulations vulnerable to disparities
 - Develop strategic plans to decrease differences in access, service use, and outcomes among these subpopulations within their communities
 - Adhere to the National CLAS Standards.

Data Collection

- Our data collection system assists in local evaluation, Service and Coalition Performance and PFS/Block Grant reporting.

The screenshot displays the user interface of the 'KIT Prevention Service - Washington' data collection system. At the top, a navigation bar includes links for 'Dashboard', 'Assessment', 'Planning', 'Implementation', and 'Billing'. To the right of these links, a user profile 'James, [initials] 2001' is shown with a 'Logout' button. Below the navigation bar, a row of icons represents various system functions: Reports, Knowledge-base, Communication, Administration, Transfer-Tool, and Support. The main content area is titled 'Reports' in green. On the right side of this area, there is a red banner that reads 'Service Data For 2013-2015 (Live)' and a 'Settings' button. Below the 'Reports' title, a breadcrumb trail shows 'Home > Reports'. A list of report categories is presented, each with a green circular icon and a brief description:

- Administration**: Reports used for administrative purposes
- Monitor/Analysis**: Services Summary by federal category, target population, and service code
- Service**: Service output reports (e.g. demographics, attendance, staff hours, and location)
- Instruments**: Copies of all survey instruments available for print or download
- County/Tribe**: Reports specific to County/Tribe program delivery and sub-contractor monitoring
- DBHR Report**: Reports used for statewide and regional monitoring
- Outcome**: Outcome Reports Module
- RM/AM Instrument**: Copies of the Required Measures (RM) and Assigned Measures (AM) surveys for print or download
- ClearingHouse**: ClearingHouse Reports
- Mentoring**: Mentoring program reports

Annual Community Survey

SOMALI

Bilaabida Ficnaanshaha Kahortaga Bulshada Tirakoobka Bulshada

COALITION NAME

Anaga waxaan kuweydiisanaynaa in aad kaqayb qaadatid tirakoobkaan. Tirakoobka wuxuu kusaabsanyahay welwelada khuseeya kuxad gudubka maandooriyaha dhallaanka dhexdooda ee kamid ah bulshadeena. Waxaan u isticmaali doonaa tirakoobyadaan si ay ugu horseedo shaqadeena in ay horumariso barnaamijyo kahortag waxtar leh oo looga hortagayo kuxad gudubka maandooriyaha ee loogu talagalay bulshadeena.

Tirakoobkaan waa mid aan lasheegayn dadka kaqayb qaata magacyadooda. Middaasna macnaheedu waxay tahay in aynaan kuweydiinayn magacaaga ama cinwaankaaga. Tirakoobkaan waa mid iskaada ah. Middaasna macnaheedu waxay tahay in aad diidi kartid in aad kajawaabtid su'aal kasta ama joojisid tirakoobka wakhti kasta. Tirakoobka wuxuu qaadanayaa 5 – 10 daqiiqo.

Majeceshahay macluumaad baddan oo kusaabsan isbahaysigeena? Waxaad noola soo xiriiri kartaa qaab telefoon iyo qaab imayl.

Phone
Email
Website

SPANISH

Iniciativa de Bienestar y Prevención de la Comunidad Encuesta a la comunidad

COALITION NAME

Es que participe en esta encuesta. La encuesta es acerca de la preocupación por el uso de sustancias entre los jóvenes de nuestra comunidad. Usaremos estas respuestas para orientar nuestros trabajos para desarrollar programas efectivos de prevención de sustancias para nuestra comunidad.

La encuesta es anónima. Esto significa que no le pediremos su nombre ni su dirección. La encuesta es voluntaria. Esto significa que puede negarse a contestar cualquier pregunta en la encuesta en cualquier momento. La encuesta tomará de 5 a 10 minutos.

¿Quiere recibir más información sobre nuestra coalición? Puede contactarnos por teléfono o por correo electrónico.

ENGLISH

Prevention Wellness Initiative Community Survey

COALITION NAME

Take this survey. The survey is about concerns about substance abuse in our community. We will use these surveys to guide our efforts to develop abuse prevention programs for our community.

The survey is anonymous. This means we will not ask for your name or address. Participation is voluntary. This means that you can refuse to answer any question or stop the survey at any time. It will take 5 – 10 minutes.

Want to learn more about our coalition? You can contact us by phone and

RUSSIAN

Инициатива «Вопросы профилактики и благополучия общины» Опрос общественности

COALITION NAME

Мы приглашаем вас принять участие в данном опросе. Тема опроса: проблема злоупотребления алкоголем и наркотиками и молодежи нашей общины. Результаты опроса будут использованы для определения ориентиров в контексте мероприятий по разработке эффективных программ профилактики злоупотребления алкоголем и наркотиками для нашей территориальной общины.

Опрос проводится анонимно. Это значит, что мы не будем просить вас назвать ваши имя и адрес. Участие в опросе — добровольное. Это означает, что вы можете отказаться отвечать на любые вопросы и в любой момент прекратить участие в опросе. Продолжительность опроса 5 – 10 минут.

Хотите узнать больше о нашем объединении? Свяжитесь с нами по телефону или электронной почте.

Phone:
Email:
Website

CAMBODIAN/KHMER

KMNITPÁCEPDMKARKARBARSUXUMALPABKÑ~GSHKMÑ- KARSÊG'MTIKÑ~GSHKMÑ-

COALITION NAME

BYKEYIGESÑISMU/ÑKULRYMKÑ~GKARSÊG'MTIENH
KARSÊG'MTIENHKW/MBIKARE@BIE@KJGEJ~ÑKÑ~GCMENAMYUVCKÑÑ~GSHKM
N-RBS'BYKEYIG . BYKEYIG
NWGE@BI@ÑS'KARSÊG'MTITAMGENHEDIM|IDWKNAMEKARGARRBS'BYKEYIGBEG'
ITKMWIZIKARKARBARKARE@BIE@KJGEJ~ÑEDLMAN@BSITIUPABS@MAB'SHKMN
-RBS'BYKEYIG .

KARSÊG'MTIENHKW/NAMIK . VAMANNQYABYKEYIGNWGMINSYRBIEQµAH
NIG/ASYD/ANRBS'/ÑKET .
KARSÊG'MTIENHKWEDAYS@ÑKCTID .
VAMANNQYZA/ÑK/ACBIESZEQ~IYSMNRYNAMYY
...BJCEB'KARSÊG'MTIEBLNAK~ÑN . KARSÊG'MTI@TUVCMNAY EBLBI 5 – 10 NATI .

ETI/ÑKCG~ÑBQD-MANBENQMBISHPABRBS'EYIGET?
/ÑK/ACTAKTGBYKEYIG~NTAMTURSQBÊ NIGTAM/IUEM"L .

Phone:
Email:
Website

Annual Coalition Survey

Survey Data Collection Form

CAT_FY12 -- Coalition Assessment Tool

Our coalition's vision, mission, and goals are clear and well-documented

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree or Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Don't know or NA

Community residents are aware of our vision, mission, and goals

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree or Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Don't know or NA

Our coalition periodically re-assesses and updates its mission and goals

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree or Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Don't know or NA

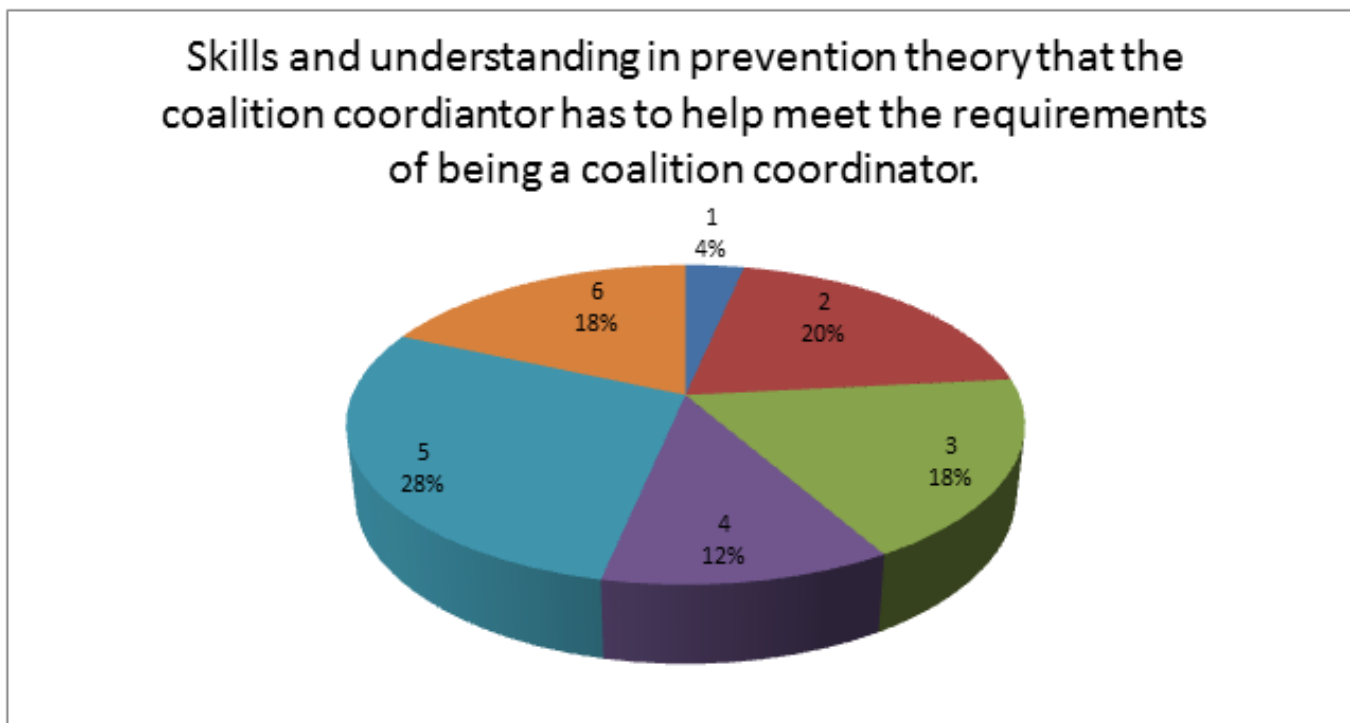
Coalition Progress Assessment

- With PFS support - developed a Coalition Progress Tool to subjectively but uniformly monitor Coalition and Coordinator development.
- Semi-Annual administration
 - Completed 1st round July 2015
- Information will be used to support future sustainability determination.

Coalition Progress Assessment

- Examples of 2014 baseline results

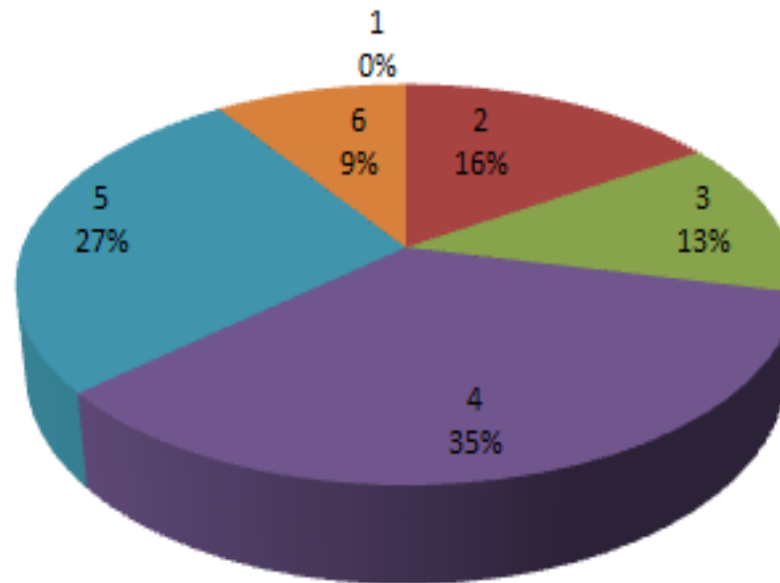
N= 52, however some communities received more than one score per question. These charts represent the percentages of the # of CPWI communities with a score on a scale of 1-6.



Scale = 1 (low, inadequate) to 5 (high, successful and sustainable)

2014 Baseline Coalition Progress

How key leaders and the community are informed about coalition's mission and vision.

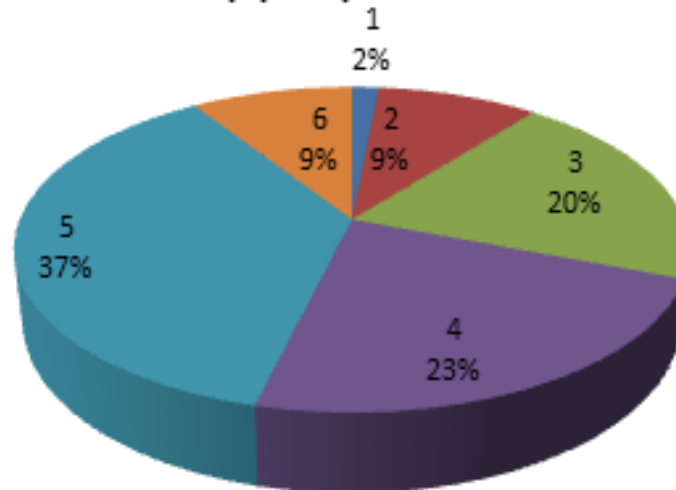


Scale = 1 (low, inadequate) to 5 (high, successful and sustainable)

2014 Baseline Coalition Progress

How the coalition is effectively communicating internally
and with the community.

How is communication culturally and linguistically
appropriate?



Scale = 1 (low, inadequate) to 5 (high, successful and sustainable)

Biennial Student Survey



Healthy Youth Survey

Survey Results Training Log On Contact About Welcome

Welcome to AskHYS.net!

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, and the Liquor Control Board.

The Healthy Youth Survey provides important survey results about the health of adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.

AskHYS includes Survey Results

- Fact Sheets: Pre-formatted fact sheets on important HYS topics at the state and local level.
- Reports: Annual frequency reports at the state and local level, and statewide analytic reports with survey details and trend results.
- Q x Q Analysis: An interactive data query system to analyze state and local results for a single HYS question or to analyze two questions together – that is crossing one Question by another Question (Q x Q).
- Who has Results?: Past participation in HYS from 2002 to 2014 by school.

Training Videos

- ★ [What is AskHYS.net?](#)
- ★ [Do I need to Log On?](#)
- ★ [What is a Fact Sheet?](#)
- ★ [Generating a Fact Sheet.](#)
- ★ [Fact Sheet Content.](#)
- ★ [What is a Frequency Report.](#)
- ★ [Opening a Frequency Report.](#)
- ★ [What are Additional Reports?](#)
- ★ [What is the QxQ?](#)
- ★ [Interpreting QxQ Results.](#)
- ★ [Crosstab Limitations.](#)

New Information about HYS

- [Press Release](#) June 23rd - Student depression, suicide increase
- Corrections were made to the 2014 HYS results on April 14th, 2015. Please see [Errata](#) for details and access your updated results.
- Materials from the [HYS 2014 Healthy Youth Survey Regional](#) are available now.
- State, ESD and county results are available to the public. School district and school building results are available to those with permission from their district Superintendent. See the ['Getting Access'](#) page for more information.

TRAINING, TECHNICAL ASSISTANCE & EVALUATION SUPPORT

Workforce Training & Development

Building capacity to increase effectiveness and efficiency of all prevention systems across the state through training:

- Washington Substance Abuse Prevention Skills Training (SAPST)
- New Coordinator Orientation
- Certified Prevention Professional credential requirement.

Workforce Training & Development

- Annual training opportunities
 - Prevention Summit
 - Summer Coalition Leadership Institute
- E-Learning on www.TheAthenaForum.org
 - Free online courses available, plus additional viewing content
- Monthly Learning Community Meetings



Training & Technical Assistance

- Efforts Enhanced with PFS Grant
 - Special Topic Trainings and presentations
 - Webinar Series - Implementing the SPF
 - Ongoing DBHR staff support – monthly check-ins
 - Strong working relationship with State Epidemiological Workgroup (SEOW)

EARLY RESULTS

Monitoring and Effective Programs

- Evidence Based Programs
 - Tailored to Community Risk/Protective Factors
- Monthly data tracking and reporting
- Program outcomes evaluated monthly
 - Corrective action planning for under performing program
 - Programs proven to be ineffective are not approved for future administration

CPWI Results SFY 2014

- 134 programs implemented
- 30,125 unduplicated participants
- 92% programs implemented showed positive results

Early Evaluation Findings

- We are meeting the CPWI Key Objectives.
- Youth alcohol, prescription misuse/abuse and tobacco cigarette use rates from 2010 to 2014 have gone down.
- Evaluation of CPWI is currently in progress.

Project Success

Student Assistance Prevention/Intervention (PI) Services

- Universal prevention activities: Occupy approximately 20% of specialists' time
- Selective/Indicated services: Occupy approximately 80% of specialists' time



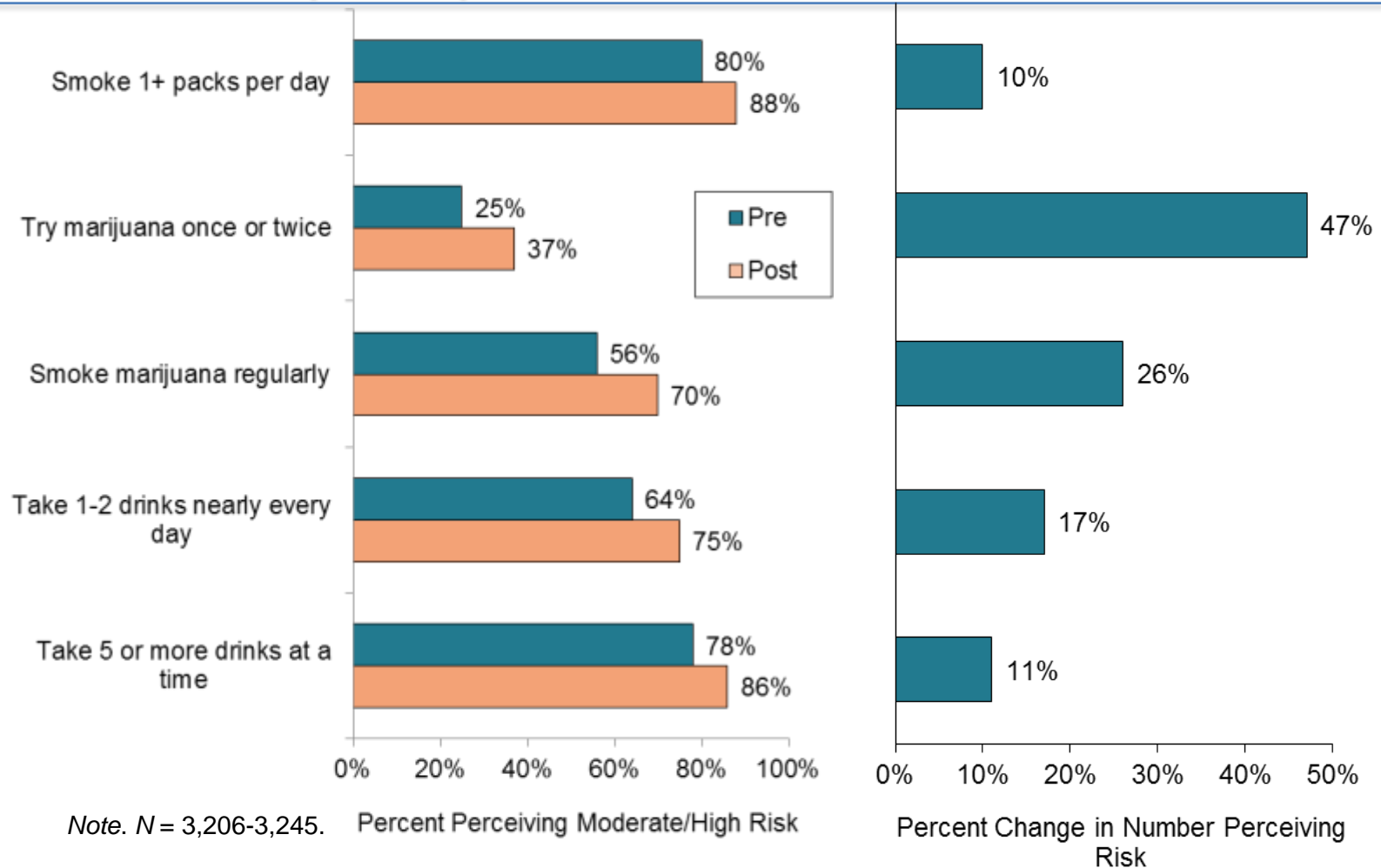
State of Washington

Office of
Superintendent of Public Instruction

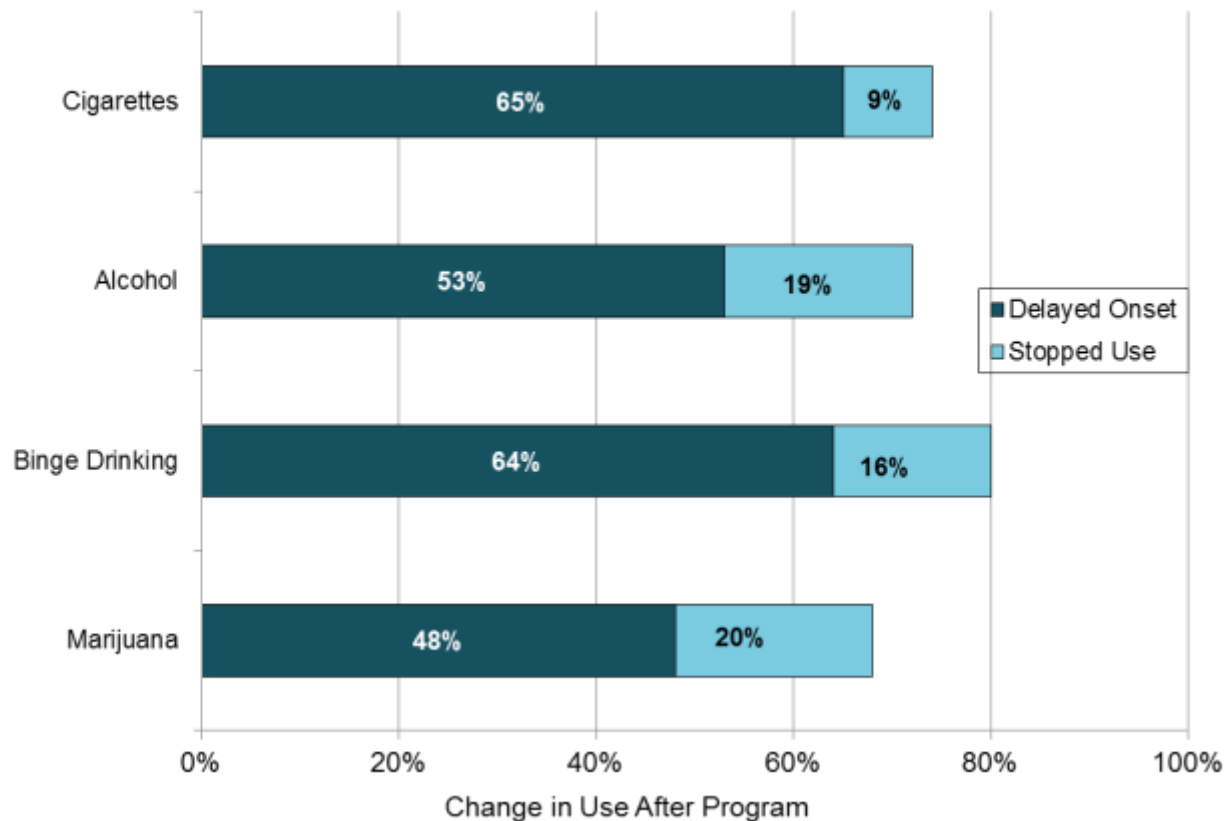
OSPI



Students with substance use intervention reported increased perception of risk of substance use



Project Success: Students Delayed Onset of Substance Use



LOCAL SUCCESS STORIES

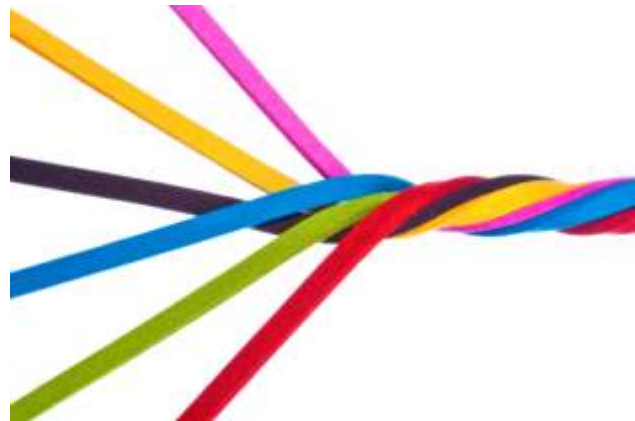
Local Investments – Leveraged Resources

**Focused Investments in
Prevention Based on Plan**

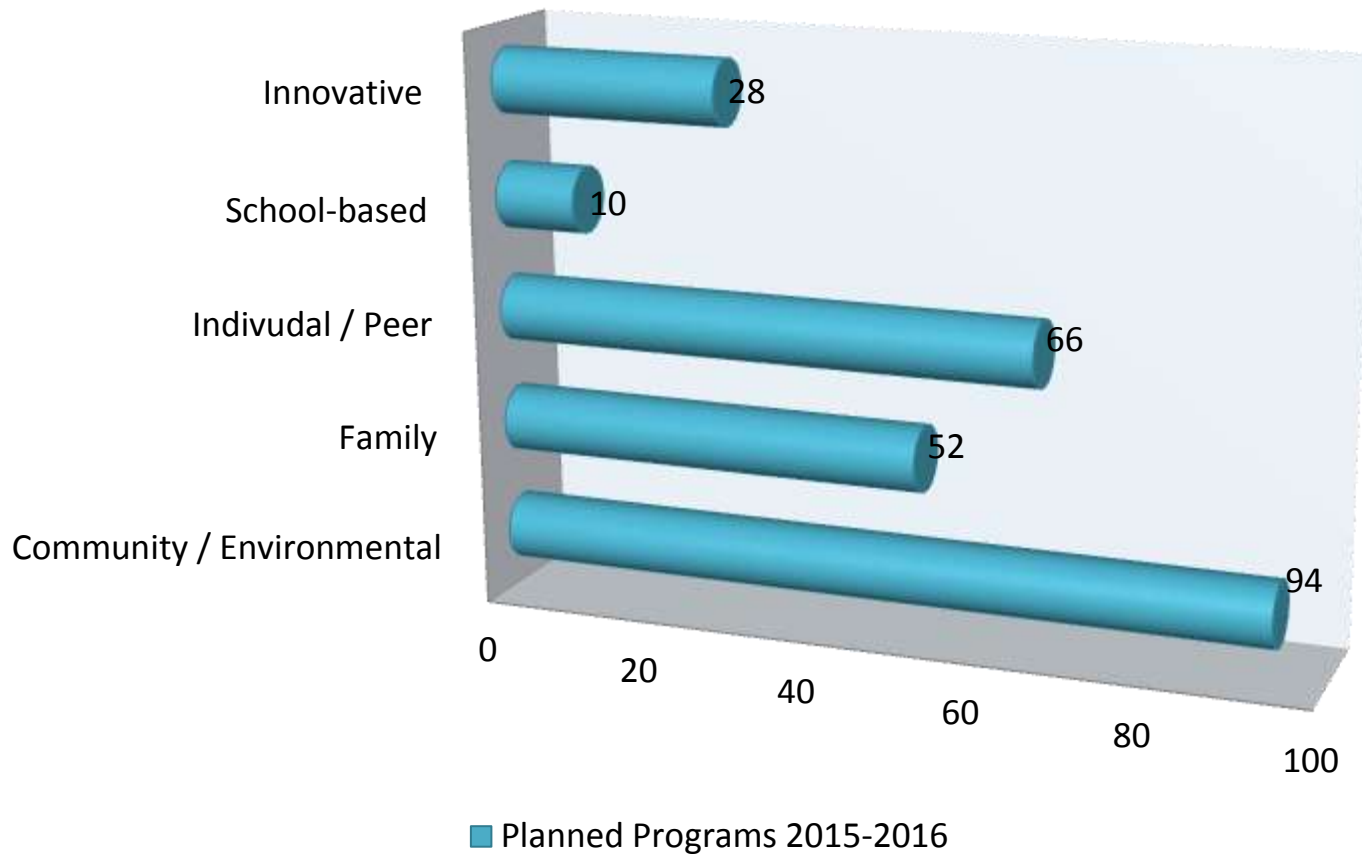


Braiding and Promotion of Resources

Local
State
Federal



Planned CPWI Programs 2015-2016



N=250

Most Common Programs

Family Programs

- Strengthening Families 10-14
- Guiding Good Choices
- Parenting Wisely
- Incredible Years

Individual / Peer Programs

- Life Skills Training
- Positive Action
- Protecting You, Protecting Me
- Second Step
- SPORT

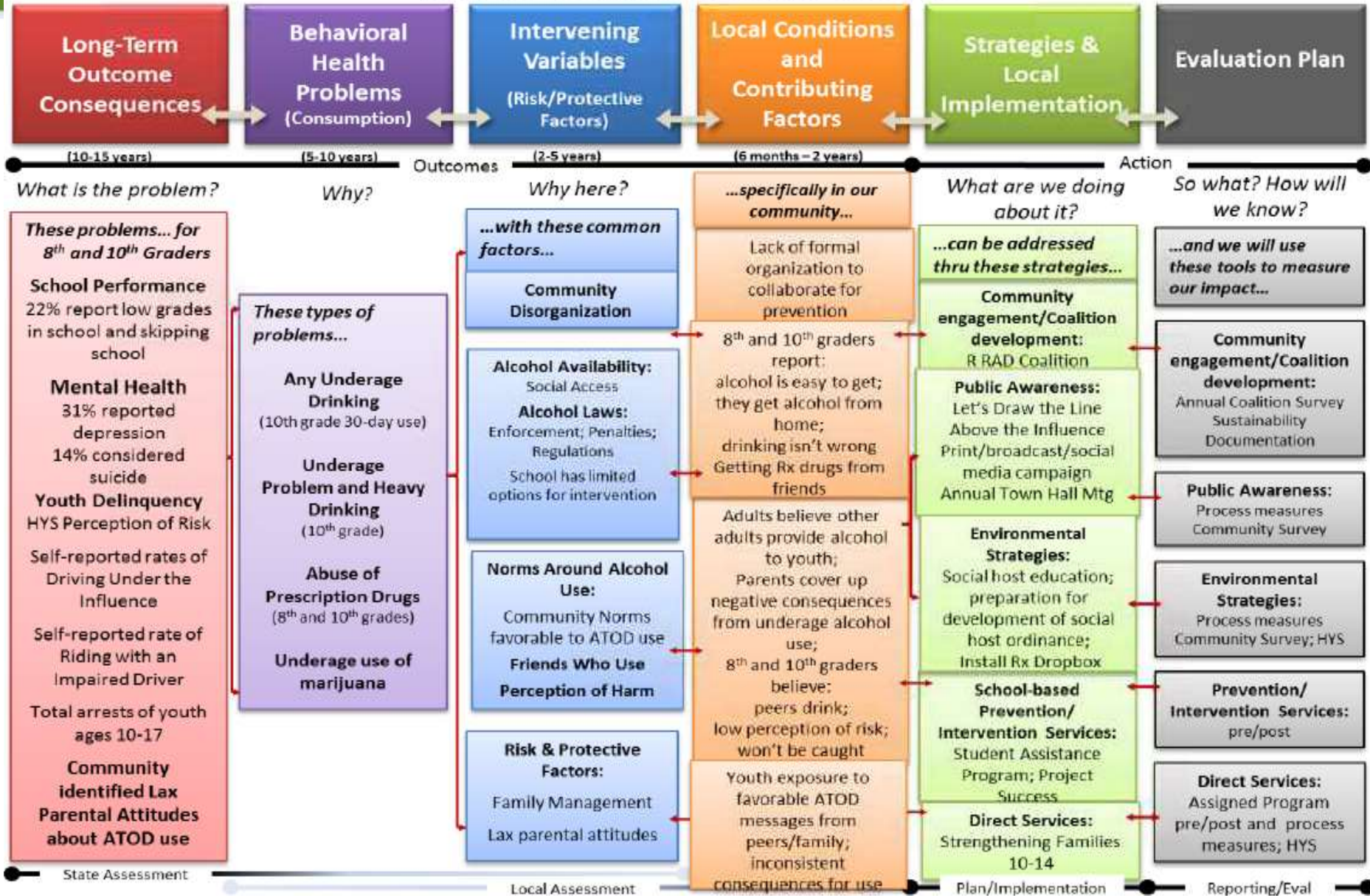
School-based Programs

- Good Behavior Game
- Curriculum Based Support Group

Media/Environmental Services

- Secure Medicine Take-back Projects
- Policy
- Social Host Ordinance/ Education
- Purchase Surveys
- Retailer Education
- Community Store Assessments
- Social Norms Marketing
- Media Campaigns

R RAD Coalition Logic Model



LIFE SAVING ALERT
 For more information visit www.StopOverdose.org
 Washington's 911 Overdose Good Samaritan laws state if you think someone's **OVERDOSING** or has **ALCOHOL POISONING** and you **SEEK MEDICAL HELP** for the victim, neither of you will be charged for **POSSESSING or USING DRUGS** or for **MINOR IN POSSESSION**.
CALL 911



Learn About Marijuana

Science-based information for the public.

UNIVERSITY of WASHINGTON
ADAI Alcohol & Drug Abuse Institute

i talk
 they hear you

Underage Drinking Prevention

take back YOUR MEDS

Washington needs a statewide medicine take-back program.

ALCOHOLPOLICYMD.COM

Partnership for Drug-Free Kids

marijuana
IT'S NOT POPULAR
 Most 10th and 12th grade students in Washington do **NOT** use marijuana.
[Spread the Facts](#)

Washington State Liquor Control Board
Marijuana
 Know the Facts

Marijuana is not harmless.
 Marijuana impairs coordination and perception, affects learning and memory, and can increase anxiety, panic and paranoia. Research shows one in eight youth who use marijuana by age 14 become dependent.

Some of the risks of smoking marijuana vs. consuming marijuana-infused foods are different.

Inhalant any kind of smoke harms your lungs. Consuming marijuana-infused foods can also be dangerous because it takes longer to feel the effects. It's easier to have too much because the effects are delayed.

Recreational marijuana use has age restrictions.

Only those 21 and older can possess marijuana, with a limit of 1 ounce of useable marijuana, 16 ounces in solid form, and 72 ounces in liquid form.

Where you can use marijuana is limited.

Marijuana cannot be used in view of the public. It is also not allowed on federal and most tribal lands.

The penalties for marijuana use for those under 21 can be severe.

If you are under 21, you can be charged with Minor in Possession. If you have more than 40 grams, it is a Class "C" felony (\$10,000 fine and/or 10 years in jail).

It's not okay for parents to share marijuana with their kids.

It is a felony to provide marijuana to any minor.

SAMHSA
 Opioid Overdose
TOOLKIT



Now that marijuana is legal for adults in Washington...

A parent's guide to preventing underage marijuana use

Seattle Children's
 Research Institute

Social Development Research Group

START TALKING NOW
 start talking before they start drinking

PFS Targeted Enhancement Projects

- Beginning to show success and gain interest
 - Community data collection pilot
 - Prescription Drug Take-back projects
 - Community Coalition Sector Sharing Event
 - Marijuana Prevention capacity building
 - Certified Prevention Specialist capacity building

Rx Take-back Projects

- 5 communities participated this year.
- Early awareness and use of the boxes in each community.
- Communities and Law Enforcement and Clinics working together.
- Learning community call to share challenges and successes.
- Monthly reporting and detailed reporting instructions.

Lummi Tribal Health Center Take Back Program

Ferndale, WA CPWI



Magnet

Lummi Tribal Health Center
Pharmaceutical Take Back Program

Dispose of unwanted
medications
to protect:



Our families, our community, and our waters

Bring in your unwanted, unused or expired
medications to the Lummi Tribal Health Center

2003 Keweenaw Rd. (PAC) 815-2133

Poster

Lummi Tribal
Health Center
Pharmaceutical
Take-Back Program



Get Unused Medications Out...

For Our Children



Prescription drugs, non-prescription drugs and supplements are involved in more than half of unintentional child poisoning incidents.

For Our Waters



When residents dispose of medicines in the toilet or sink, these contaminants are poured out to municipal wastewater treatment systems or septic systems.

For Our Community



Prescription drug abuse is a serious and growing problem in our communities. Abuse of medicines is increasing rapidly, with serious consequences.

Instructions for Disposal

1. Gather all unwanted medications, leaving them in original containers.
2. Bring items to the Lummi Tribal Health Center.
3. Place the items into the secure double-locked collection box under the supervision of pharmacy staff.

- Items will be quickly screened to make sure they can be accepted.
- Personal information will NOT be collected.
- You may cover your name on the prescription bottle. Do not cover the name of the medication.

For more disposal instructions, contact:
Whatcom County Health Department
(360) 676-6724



Sponsored by the Lummi Tribal Health Center, Whatcom County Health Department,
and the Washington State Department of Social and Health Services.

Instructions

1. Gather all unwanted, unused or expired medications, leaving none in original containers.
2. Bring items to appropriate location.
3. Place the items into the secure double locked collection box under the supervision of pharmacy staff or Lummi Nation Police staff.
4. Items will be quickly returned to make sure they can be accepted.
5. Personal information will NOT be collected.
6. You may cover your name on the prescription bottle. Do not cover the name of the medication.



Drop Off Locations

Lummi Tribal Health Center
Pharmacy
2005 Kewa Rd.

Farmdale Haggen Pharmacy
1515 Main St.

Costco Pharmacy
6225 Grady Boulevard

Hogland Pharmacy
2330 Vine St.

Barkley Haggen Pharmacy
2000 Schum St.

Menden Haggen Pharmacy
2114 Mainland St.



To learn more about the program call:
Lummi Tribal Health Center
2005 Kewa Rd.
(360) 312-2133

Sponsored by the Lummi Tribal Health Center, Whatcom County Health Department, and the Washington State Department of Social and Health Services.



Get Unwanted Medications Out...
of our homes, our waters
and the reach of our children

Lummi Tribal Health Center Pharmaceutical Take-Back Program

Pharmaceutical take-back programs help to keep unused, unwanted and expired medications out from being abused and the source of contamination in water. When you dispose of medications properly you help in keeping yourself, your family and the community safe.

The Lummi Tribal Health Center is partnering with the Whatcom County Health Department to provide you with secure, simple and responsible way to properly dispose of medications.



Inhalers



EpiPen (unopened)

Brochure

Accepted at Lummi Nation Police Department

Prescription Medications
(Including controlled substances)
*Not including illegal substances

Examples include:

Cocaine, Xanax, Valium, Hydrocodone,
Vicodin, OxyContin, Percocet, Risperal,
Ambien, etc.

NOT accepted at Lummi Tribal Health Center Pharmacy



Personal care products,
business waste, IV bags,
needles, syringes, nasal
EpiPen, flu shots, etc.,
empty vials, empty
and bottles, or glucose
monitors



For the nearest
Household Hazardous Waste Facility call
1-800-RECICLE

For more disposal instructions, contact:
Whatcom County Health Department
(360) 674-4724
www.wahealthcare.org/health

Why turn in your unused medications?

For Our Children

Prescription drugs and non-prescription drugs and supplements are involved in more than half of unintentional child poisoning incidents.

For Our Community

Prescription drug abuse is a serious and growing problem in our communities. Abuse and misuse of medications is increasing rapidly with serious consequences. Drug overdoses have increased our accidents as the leading cause of accidental deaths in Washington.

For Our Waters

When residents dispose of medications in the toilet or sink, these medications are passed on to municipal wastewater treatment systems or septic systems. Many pharmaceuticals cannot be effectively removed by these systems and have been measured in wastewater discharges.

Thank you for correctly disposing of your unwanted medications. Your efforts help prevent abuse of medications and reduce the risks of accidental poisonings.

Republic, WA

RRAD Secure Medicine Take-back Campaign

Policies Established

- Republic Police Department
 - ✓ Proposed a procedure and policy for the adoption and implementation of a prescription drug take-back program, October 6, 2014.
- Secure Medicine Drop-box
 - ✓ Installed at Republic Police Department, April 2, 2015.
 - ✓ Available for Rx deposits Monday-Friday, 8-4



Count your pills once every two weeks.

Lock up your medications.

Drop off unused/expired medications for disposal.

DROP OFF YOUR MEDICATION AT:
City of Republic Police Department
157 North Clark
Republic, WA 99166

Count It!



Lock It!



Drop It!™



It Only Makes Sense.

Town Hall Meeting

Coordinated by the Republic Reducing Alcohol and Drug Use (RRAD) Coalition

WHERE

Republic
Elementary School

Rx Drug & Heroin Abuse

WHEN

Tuesday, May 19th
5:30 p.m. to 7:30 p.m.

One in every five teens
in America has taken a
prescription drug not
prescribed to him or her.



Count it!
Lock it!
Drop it!

PREVENT
SUBSTANCE
ABUSE

Get sources,
facts and
information

Activities for Kids! Community Resource Fair!
All Ages Welcome!

Hoquiam, WA

Brochure: 2000 copies produced and distributed to over 13 local providers: nursing home; assisted living; pharmacies; chiropractic; dental; family practice; syringe exchange; health department and outpatient drug treatment facilities.

Poster: Largely produced for pharmacies – distributed far and wide throughout Hoquiam and Aberdeen



What Can I Dispose Of?

- Controlled substances
- Medication, prescription and over-the-counter
- Medication samples
- Veterinary medications
- Vitamins
- Medicated ointments/lotions
- Inhalers
- Liquid medication in glass or leak-proof containers

Please do not return:

- Needles
- Thermometers
- IV bags
- Bloody or infectious waste
- Personal care products
- Hydrogen peroxide
- Empty containers
- Business waste

Drop Box Locations:

Hoquiam Police Department
Daily, 24 hour
215 10th Street
Hoquiam WA 98550
Phone: 360-532-6892

Marine Police Department
Monday-Friday, 9am-5pm
112 North Main Street
Marine WA 98556
Phone: 360-249-1031

BRING IT UP
For more information call: 800-363-6888 or visit: www.bringitup.org

Secure Medicine Take Back

Got Drugs? Dispose Today!

A safe way to dispose of unwanted or expired medications.

Rx Drug use/abuse is a growing problem

For OUR Community

Drug abuse is a serious problem in our community. Awareness of this growing problem is the first step in preventing it. Community-wide efforts to get high, and use in law enforcement prescription drugs that were not prescribed to them (also called "pill mills") are a serious threat to public health.

For OUR Children

Children are naturally curious, and it makes sense that they would be curious about medicine. Many children are injured or even die from accidental poisoning. The best way to protect our children is to keep all prescription drugs, over-the-counter medications and supplements as well as alcohol in a secure container. If these items are not stored properly, children are at risk of accidental poisoning. By safely storing or removing pills from the home, parents, grandparents and caregivers can help prevent accidental poisoning incidents.

For OUR Environment

Disposing of unused, unwanted or expired medications by flushing them down the toilet or throwing them in the trash is not the best solution. Many pharmaceuticals cannot be broken down through water treatment, leading to contamination in our water supply, drinking water, marine water, soils & sediments.

Dispose Instructions

1. Gather all unwanted medications from the household.
2. Check and fill out the information on any bottles.
3. Take them to nearest drop location.
4. Place them in collection box.
5. Be courteous and THANK YOU FOR PROTECTING THE HEALTH OF OUR COMMUNITY.

Shelton, WA

Secure Medicine Take-Back

**Help Protect
Our Kids, Families
and the Environment**



**Clean Out Your
Medicine Cabinet**

**Prescription Drug
Take Back Boxes**

Located At:

Mason County Sheriff's Office
322 North 3rd Street in Shelton

&

North Mason Regional Fire Authority
460 Northeast Old Belfair Highway in Belfair

For More Information Call Mason County
Public Health & Human Services
360-427-9670 ext. 400





**Prescription Drug
Take Back Boxes**

Clean Out Your Medicine Cabinet
Dispose of unused or expired prescription medications

Located At:

**Mason County
Sheriff's Office**
322 North 3rd Street in Shelton, WA 98584

and

**North Mason Regional
Fire Authority**
460 Northeast Old Belfair Highway in Belfair, WA 98528

Free Collection!

For More Information
Call Mason County
Public Health & Human Services
360-427-9670 ext. 400



**Prescription Drug
Take Back Boxes**

Limpiar el gabinete de la medicina
A botar las medicinas que usted ya no usa
En los siguientes sitios habrá cajas para botar
sus medicamentos que ya no usa

En el Condado de Mason
Oficina del Alguacil o Sheriff
322 North 3rd Street, Shelton, WA 98584

y

En el Condado North Mason
Oficina Regional
de la Autoridad de Fuegos
460 Northeast Old Belfair Highway, Belfair, WA 98528

¡Gratis!

Para Más Información
Llame al 360-427-9670 ext. 400



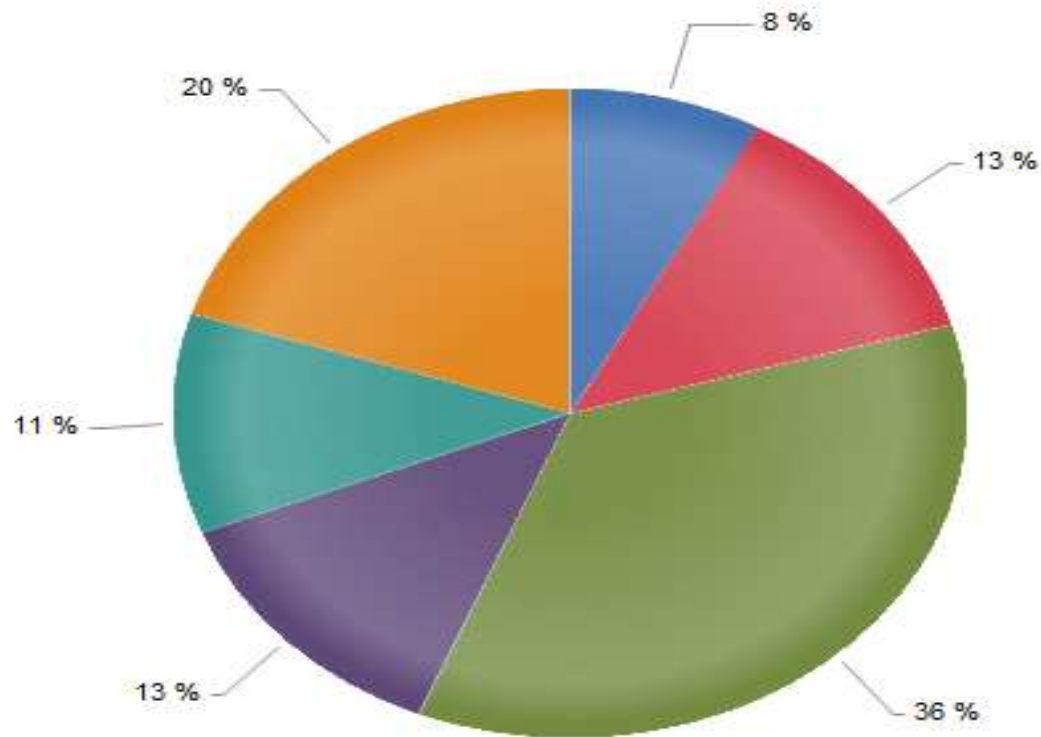
Community Data Collection Pilot

- **Documenting qualitative data that:**
 - Explores innovative ways to measure coalition impact.
 - Collects contribution to community change.
 - Discovers the types of activities and accomplishments with the most intense impact on a community.
 - Documents *“What is happening in the community that would not be happening if the coalition were not there?”*
 - Tells the story of the coalition.
- Using Kentucky University’s Online Documentation Support System (ODSS)

All Accomplishments All Communities

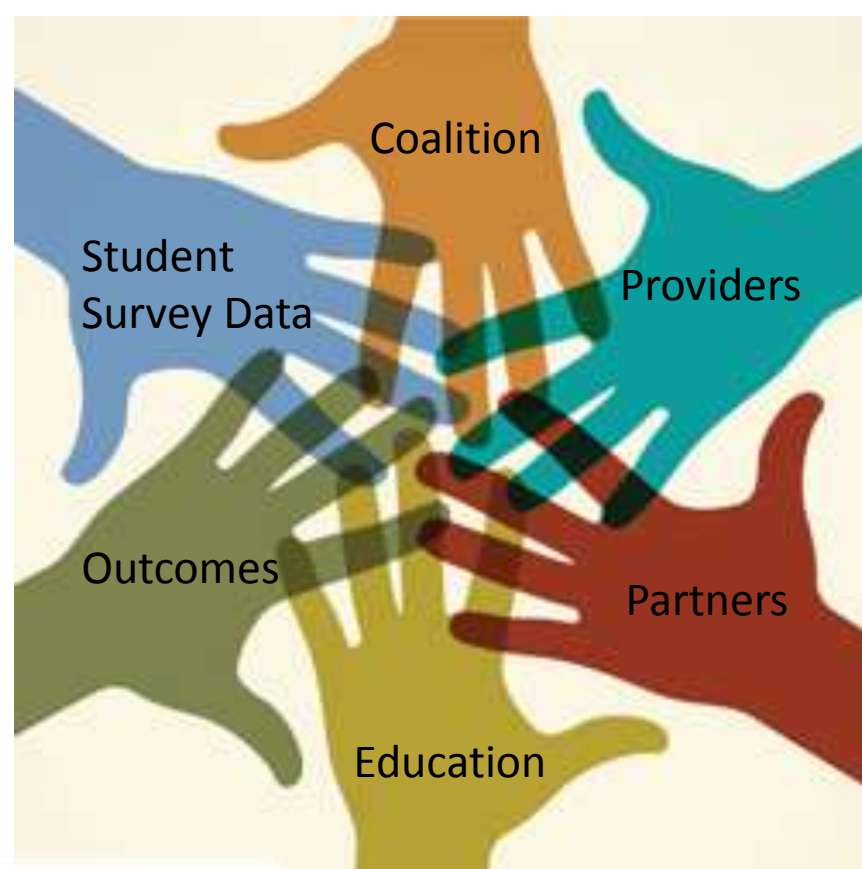
7/1/2014 - 6/30/2015

N = 393

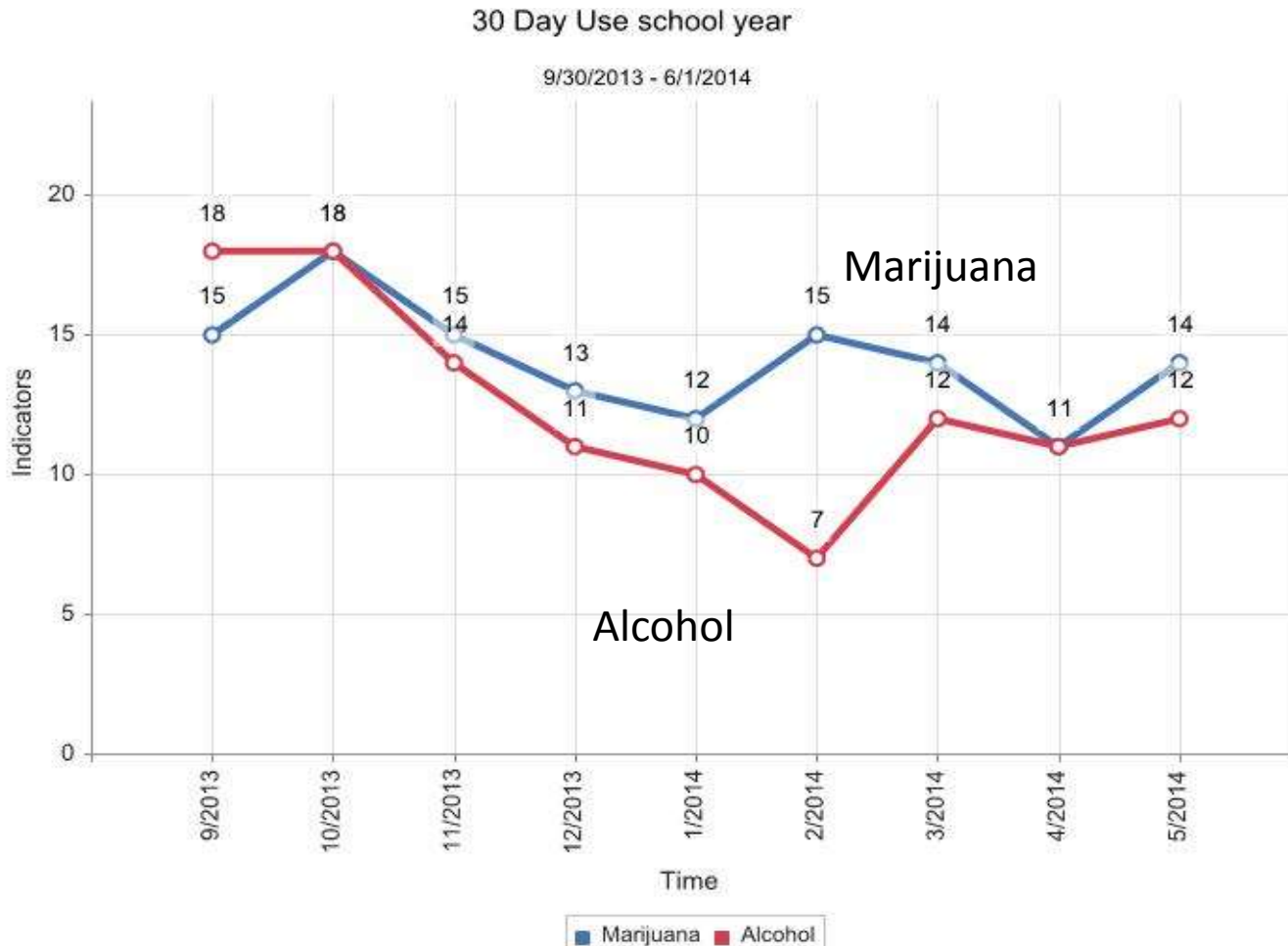


Community Action Community Change Media Other Important Event Resources Generated
Service Provided

Monthly Student Surveys: 30-Day Access and Use



Okanogan County Community Coalition



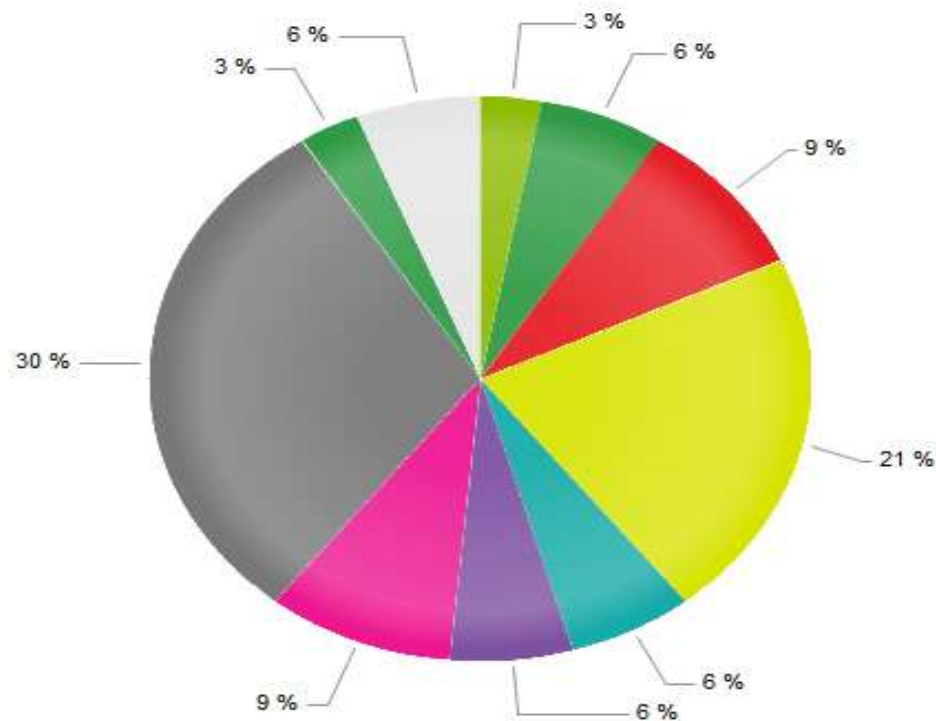
Castle Rock CARE Coalition

Castle Rock Care Coalition Sector Involvement

1/1/2014 - 12/31/2015

N = 33

Online Documentation
Support System (ODSS)
2015



Business Civic or Volunteer Health Law Enforcement Media Membership Parents
Schools/Education Youth Youth Serving Organizations

Questions???



Resources

- Athena Forum - www.theAthenaForum.org
- DBHR - www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery
- Healthy Youth Survey - www.AskHYS.net
- Start Talking Now – www.starttalkingnow.org

Thank You!

Sarah Mariani, Behavioral Health Administrator
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery
360.725.3774
Sarah.Mariani@dshs.wa.gov